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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>The Hamlin County Republican</u>		2. DATE <u>9-20-2018</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>50</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>35 + \$45</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>PO Box 50, Castlewood, SD 57223</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>PO Box 50, Castlewood, SD 57223</u>		
6. FULL NAME OF PUBLISHER: <u>LeeAnne Dufek</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME <u>Hamlin County Publishing Inc.</u> COMPLETE MAILING ADDRESS <u>PO Box 50, Castlewood, SD 57223</u>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <u>none</u>		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		<u>550</u>
B. PAID AND/OR REQUESTED CIRCULATION		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
1. Sales through dealers and carriers, street vendors, and counter sales.		<u>100</u>
2. Mail Subscription (Paid and or requested)		<u>374</u>
3. Paid Electronic Copies		<u>12</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		<u>486</u>
D. FREE DISTRIBUTION		<u>483</u>
1. BY MAIL, CARRIER OR OTHER MEANS		<u>9</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<u>—</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<u>492</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		<u>55</u>
2. Return from News Agents		<u>58</u>
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		<u>550</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

LeeAnne Dufek
(Signature)

Publisher
(Title)

Sworn to before me this 20th day of Sept, 20 18

Graneth Prudhom
Notary Public

My commission expires: _____

My Commission Expires January 14, 2023

